

# Pre-Operative Briefing Guide

(Modify to fit your setting)

**Example Application:** Surgical team in OR suite prior to surgical prep of patient

**Who will attend this briefing? Do you know their names?** All principals involved in a surgical case should attend.

- Surgeon, anesthesiologist/CRNA, surgical resident, anesthesiology resident, physician assistant, circulating nurse, scrub nurse, perfusionist (for heart case), additional personnel in the case

**When and where will you hold the briefing?** This briefing should be held in the OR suite prior to anesthetic induction. This is generally a time when all principals in a surgical case would be in the room.

## **Case Discussion (5 minutes)**

- **Review planned surgical procedure** – Is there anything unusual about this case? Anticipated challenges or problems? Contingency plans?
- Estimated length of surgical procedure
- **Surgical TIME OUT** of ensuring correct surgery steps:
  - Consent – patient's full name, procedure site, procedure, reason for procedure – Accurate and complete?
  - Verify planned procedure
  - Marked surgical site by surgeon or other privileged member of surgical team
  - Patient Identification Confirmed– Patient asked to state full name, SS#, DOB, site of procedure – match to ID band and consent form
  - Imaging reviewed (if relevant) – consistent and planned procedure?

## **Patient Considerations**

- NPO after MN or 8 hours pre-op
- Allergies
- **Laterality** (if relevant)
- Patient **positioning** correct of planned procedure?
- Planned **anesthesia**
- Correct surgical **instruments** in operative field? Counted?
- Special **equipment** needs
- Special **personnel** needs (e.g., 2<sup>nd</sup> surgical assistant, P.A., or OR Tech)
- Special **precautions**
- IV **antibiotics**
- **Medications** pre-op: beta blockade, platelet inhibitors (e.g., ASA), heparin, Coumadin
- Pneumo-boots for DVT prophylaxis
- Pertinent **lab data** reviewed?

- **Blood** product availability (if relevant)
- Intra-operative **X-Ray** needed (if relevant)
- **Post-op disposition** (PACU, ICU, Med-Surg unit)
- Does every surgical team member **understand the plan** for the procedure?  
Questions?
- Does anyone anticipate leaving the room during the case? **Anticipated personnel turnover** during the case?
- **Pathology Specimen** containers labeled correctly?
- Are there any additional issues to discuss?

**TIME OUT** (could be done at the end of the briefing or following the briefing prior to the surgical incision)

- 1) Correct patient? (Patient's full name, SS number, DOB)
- 2) Review planned procedure – do all agree?
- 3) Marked correct surgical site? (Marked surgical site by OR surgeon)
- 4) Correct Implant (if applicable)?
- 5) Correct Imaging (if applicable)?
- 6) Correct instruments/equipment in the room?
- 7) Patient positioned on the OR table correctly?

**How was the safety of patient care improved by this briefing?**